

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



March 8, 2002

ALL COUNTY LETTER NO. 02-27

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CalWORKs HOMELESS ASSISTANCE PROGRAM MONTHLY  
STATISTICAL REPORT [CA 237 HA (2/02)]

The purpose of this letter is to transmit the revised CalWORKs Homeless Assistance Program Monthly Statistical Report (CA 237 HA) form and instructions. The Data Systems and Survey Design Bureau (DSSDB) is in the process of revising its report forms and instructions to incorporate additional format standards. These changes in format will make the forms easier to read and understand, and will provide more uniformity among DSSDB reports. The most significant content changes are the addition of Items 1a and 1b. These new sub-items will make it easier to document adjustments to Item 1 (HA requests carried forward from last month). Also references to AFDC have been changed to CalWORKs. There are no new data reporting requirements.

Attached are copies of the form and instructions. Additionally, the form and instructions are available on the California Department of Social Services (CDSS) Research and Development Division (RADD) web site located at: <http://www.dss.cahwnet.gov/research/>.

This report continues to be due on the 18<sup>th</sup> working day of the month following the report month. Therefore, the first revised report, February 2002, is due on or before March 26, 2002. Fax or mail reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

ALL COUNTY WEFLARE DIRECTORS

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If you have questions regarding completion of this form, please contact Jaime Aguirre of the Data Systems and Survey Design Bureau at (916) 651-8269. Program related questions should be directed to the CalWORKs Eligibility Bureau, Homeless Assistance Program, at (916) 654-1322.

Sincerely,

***Original Document Signed By***

***Nikki Baumrind on the behalf of Lois VanBeers on 3/8/02***

LOIS VANBEERS

Deputy Director

Research and Development Division

Attachments

# CalWORKs Homeless Assistance Program Monthly Statistical Report

SEND ONE COPY OF THIS REPORT TO:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

COUNTY NAME	REPORT MONTH AND YEAR			
<b>PART A. REQUESTS FOR HOMELESS ASSISTANCE</b>	<b>TEMPORARY (A)</b>	<b>PERMANENT (B)</b>	<b>PERMANENT With Temporary (C)</b>	<b>TOTAL (D)</b>
1. HA requests carried forward from last month..... (Item 1a plus or minus Item 1b).....				1
a. Item 5 from last month.....				2
b. Adjustment to Item 1a (Indicate whether positive or negative number) (Explain in Comments).....				3
2. HA requests received during the month.....	4	5	6	7
3. Total HA requests on hand during the month (Item 1 plus 2).....				8
4. HA requests disposed of during the month (Item 4a plus Item 4b).....				9
a. HA requests approved during the month.....	10	11	12	13
b. HA requests denied during the month.....	14	15	16	17
5. HA requests pending at the end of the month (Item 3 minus Item 4).....				18
<b>PART B. TEMPORARY SHELTER INFORMATION</b>				
6. Number of days authorized for temporary shelter requests approved during the month.....				19
7. Number of requests granted temporary shelter based on apparent eligibility but subsequently found ineligible during the month.....				20
<b>PART C. NET EXPENDITURES</b>				
8. Net expenditures during the month (Item 8a plus Item 8b).....				21
a. Temporary shelter case expenditures during the month.....				22
b. Permanent shelter case expenditures during the month.....				23
<b>PART D. SPECIAL INFORMATION</b>				
9. Number of shelter requests received from new applicants (as new applicants only) during the month.....				24
10. Number of shelter requests approved for new applicants (as new applicants only) during the month.....				25
COMMENTS				
CONTACT PERSON (Print)	TELEPHONE (       )		DATE COMPLETED	
TITLE/CLASSIFICATION	FAX (       )			

**CalWORKs HOMELESS ASSISTANCE PROGRAM  
MONTHLY STATISTICAL REPORT  
CA 237 HA (2/02)**

**INSTRUCTIONS**

**CONTENT**

The monthly CA 237 HA report contains statistical information on requests and net expenditures for CalWORKs Homeless Assistance (HA) during the report month.

**PURPOSE**

This report provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

**DUE DATE AND CONTACT**

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 18<sup>th</sup> working day of the month following the report month. Fax or mail reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

Report data and the report's form and instructions are available on the California Department of Social Services (CDSS), Research and Development Division (RADD), web site at:  
<http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site.

If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269.

**GENERAL INSTRUCTIONS**

Enter in the boxes provided near the top of the form the county name and the report month and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone, and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

**ITEM INSTRUCTIONS****PART A. REQUESTS FOR HOMELESS ASSISTANCE**

Part A summarizes HA request activities during the report month.

1. HA requests carried forward from last month (Item 1a plus or minus Item 1b): Enter Item 1a plus or minus 1b. It is anticipated that this number will be very low as most cases will be processed within a very short timeframe. [Cell 1]
  - a. Item 5 from last month: Enter Item 5, HA requests pending at the end of the month, from last month's report. [Cell 2]
  - b. Adjustment to Item 1a (Indicate whether positive or negative number) (Explain in Comments): If Item 5, HA requests pending at the end of the month, from last month's report equals Item 1 this month, enter zero (0) to indicate no adjustment was needed. If Item 5 last month does not equal Item 1 this month, enter the positive or negative difference. Indicate the **reason for the difference in the Comments section**. [Cell 3]
2. HA requests received during the month: Enter the total number of requests received for HA during the report month. These breakouts are unduplicated counts of homeless assistance. [Cells 4-7]

These numbers should be broken out by:

Temporary Column (A): Requests received for temporary housing assistance. If a request is received for temporary and permanent assistance simultaneously, the request receives one count in the Temporary Column (A) and one count in the Permanent with Temporary Column (C). [Cell 4]

NOTE: A request for or receipt of temporary HA should always be counted in the Temporary Column (A) regardless of whether a request for or receipt of permanent HA exists.

Permanent Column (B): Requests received for permanent housing assistance only. [Cell 5]

Permanent with Temporary Column (C): Requests received for permanent housing assistance where there was a prior request for temporary housing assistance within the regulated timeframe (16 days, reference MPP 44-211) or the family requested both temporary and permanent housing assistance simultaneously. [Cell 6]

Total Column (D): This column is the sum of Columns A, B and C. [Cell 7]

3. Total HA requests on hand during the month (Item 1 plus Item 2): Enter the total number of requests available to process during the report month. This entry will include any requests pending from the prior month plus those received during the report month. [Cell 8]
4. HA requests disposed of during the month (Item 4a plus Item 4b): Enter the total number of requests for which an action has been taken at some time during the report month. This entry will include all approvals and denials for the report month. [Cell 9]
  - a. HA requests approved during the month: Enter the number of approved requests for which there have been benefits issued during the report month for both temporary and permanent, or permanent combined shelter. [Cells 10-13]

**ITEM INSTRUCTIONS CONTINUED****PART A. REQUESTS FOR HOMELESS ASSISTANCE CONTINUED**

- b. HA requests denied during the month: Enter the number of requests for which a denial has been issued for temporary, permanent, or permanent combined shelter. [Cells 14-17]
5. HA requests pending at the end of the month (Item 3 minus Item 4): Enter the number of requests carried forward to the next month. As with Item 1, there is very little activity anticipated with regard to pending requests. [Cell 18]

**PART B. TEMPORARY SHELTER INFORMATION**

6. Number of days authorized for temporary shelter requests approved during the month: This includes multiple requests approved during the month (e.g., three requests approved for one week of temporary shelter, each would show the total number of days authorized as 21). [Cell 19]
7. Number of requests granted temporary shelter based on apparent eligibility but subsequently found ineligible during the month: This includes requests that were granted, based upon presumed eligibility, for which it was later established that eligibility did not exist (e.g., a request for temporary shelter was approved because the initial information provided to the EW indicated eligibility; however, after the verification process, information rendering the person ineligible was obtained). [Cell 20]

**PART C. NET EXPENDITURES**

8. Net expenditures during the month (Item 8a plus Item 8b): This part of the report provides for a summary of the net amount of HA aid issued to eligible persons approved for temporary or permanent shelter. [Cell 21]
- a. Temporary shelter case expenditures during the month: Enter the net amount of HA aid issued to persons approved for temporary shelter only. [Cell 22]
- b. Permanent shelter case expenditures during the month: Enter the net amount of HA aid issued to persons approved for permanent shelter only. [Cell 23]

**PART D. SPECIAL INFORMATION**

9. Number of shelter requests received from new applicants (as new applicants only) during the month: Enter the total number of requests for shelter (temporary or permanent) during the report month from persons who, at the time of the request, were not receiving CalWORKs, as opposed to persons requesting shelter who are already receiving CalWORKs. [Cell 24]
10. Number of shelter requests approved for new applicants (as new applicants only) during the month: Enter the number of requests approved during the report month, which represent approved requests for new applicants, for both temporary and permanent shelter. [Cell 25]

## **COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide any other comments the county determines necessary.